

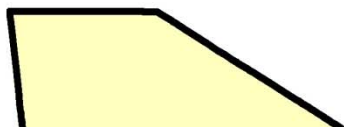
Public Health Service
Centers for Disease Control
and Prevention (CDC)

South Sudan has reported a total of 143 cases of Guinea worm disease in July 2012, which is a reduction of 62% compared to the 377 cases South Sudan reported in July of 2011 (Figure 1) when Chad and Ethiopia had reported a total of 5 cases. The percentage reduction of cases in South Sudan for this year compared to 2011 is: 67%, 93%, 59%, and 53%. South Sudan has uncontained 71% of its cases so far this year, having had a provisional total of 42 uncontained cases.

Table 1

SOUTH SUDAN GUINEA WORM ERADICATION PROGRAM
PROVISION OF SAFE SOURCES OF DRINKING WATER TO DISEASE-ENDEMIC VILLAGES: 2012*

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2 / 2

3 / 4

42 / 56

54 / 81

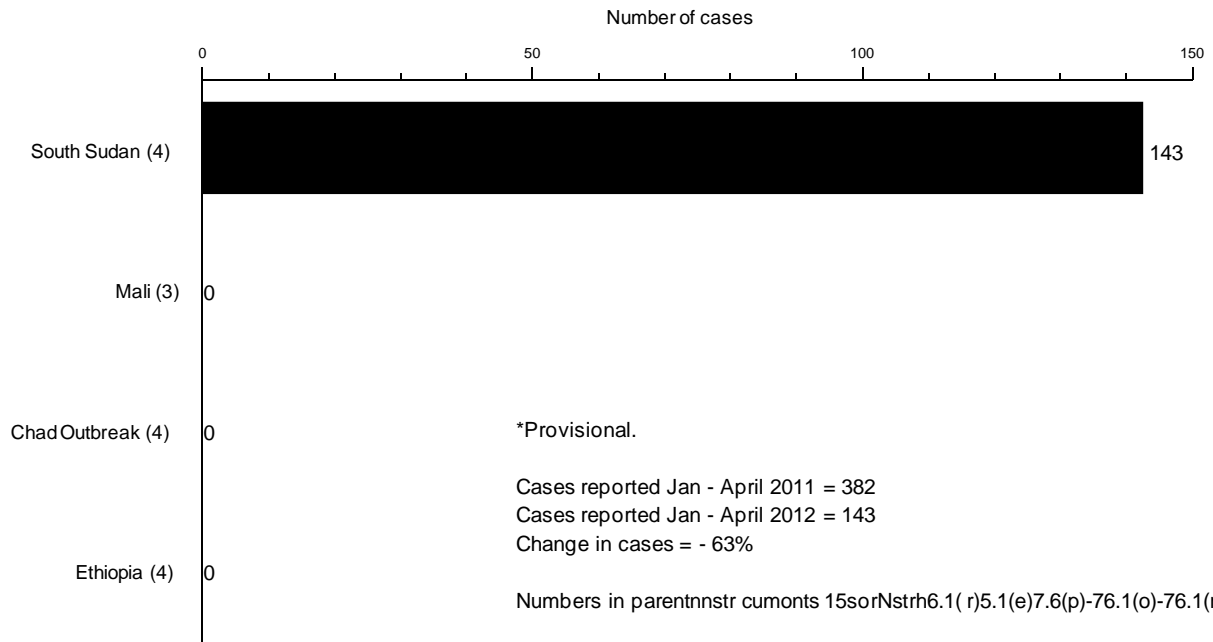
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101 / 143	71

Figure 3

Country	2011	2012*
Chad (4)	2	0
Ethiopia (4)	3	0
South Sudan (4)	377	143
Mali (3)	0	0
Total	382	143
All countries, excluding Sudan	5	0

Figure 4

Distribution By Country of 143 Cases of Dracunculiasis During 2012*



The patient recalled having had GWD several years ago, and it is estimated it was in 2001. At that time, he lived in Terkudi village and recalled there were about 10 others with the disease. That was the last time he recalls seeing anybody with GWD in Terkudi village or Abobo Woreda.

According to the patient on April 21st he noticed a swelling in his genital area. It became a blister on April 23rd. On April 24-25th, he squeezed the blister, and some clear liquid came out on the 25th. On the 26th, he bathed in Alero River and while the river noticed that a "worm" had started to emerge. He said that the river was flowing at the time. That same day, he started to roll the worm on a small stick and also informed a former village-based volunteer about it. She called a health worker in Abobo on the 27th and on the 28th the health worker went to Terkudi and brought the patient to the Abobo health post where the patient was managed. A small piece of the emergent worm broke on the 27th but the patient says he threw it away. On April 30th, the patient was moved to the Pugnido Town case containment center in Gog Woreda for care. While in Pugnido the remaining emerged part of the worm broke on May 1st. The broken piece of the worm was preserved in alcohol and is being sent to CDC for confirmation of the species of worm. That same day (May 1st), a small swelling was evident on the left ankle of the patient. When asked if he was aware about the reward for self-reporting, the patient said no, that he reported to the volunteer because he wanted to receive medical care. The patient continues to be monitored at the case containment center.

Editorial: Only one case of GWD was reported from Utuyu Village during 2011. That patient was a 35 year old female who had three Guinea worms. The first worm emerged on April 18, the second on June 5, and the third worm on June 20, 2011. According to the Ethiopia Dracunculiasis Eradication Program (EDEP), transmission from each of this patient's three Guinea worms was prevented, as she was admitted to the case containment center in Pugnido Town on each occasion and is reported to have met the standards for case containment. If the Terkudi Village suspect patient is confirmed to have GWD, it is likely, based on the information at hand, that there is a relationship between the emergence of Guinea worms from the patient in Utuyu during April and/or June 2011, and the hunting/honey gathering treks made by the suspect patient near Utuyu. One probable explanation would be that transmission from at least one of the Guinea worms that emerged from the Utuyu patient in 2011 was not prevented. In Gog District, where all known indigenous cases in 2011 were located, all 67 inhabited villages and localities have been under intense active surveillance for cases of GWD since 2010. The detection of this suspect in Abobo Woreda, which has been free of known transmission of GWD for three or more years, combined with the recent influx of displaced persons from South Sudan into Gambella Region, are clear reminders to Ethiopian health authorities, particularly in Gambella and SNNPR, to improve surveillance and response capacity in currently and formerly disease endemic areas, as Ethiopians move closer to full interruption of transmission and to beginning its process of eradication.

Dr. Joel Breman

MEETING OF GW ERADICATION PROGRAM MANAGERS IN ADDIS ABABA

WHO held the 16TH Meeting of National Guinea Worm Eradication Program Coordinators in Addis Ababa, Ethiopia during March 26-29 2012 which was attended by 46-50 participants representing endemic and formerly endemic countries and never endemic countries, including Dr. Julie Jacobson of the Bill and Melinda Gates Foundation; Dr. Sharon Roy of CDC; Drs. Dirk Engels, Gautam Biswas and Dieudonne Sankara

- x Proportion of health facilities reporting on GWD
- x Number of rumors and the status of their investigations
- x Number of cases, even if zero, and the number of cases contained
- x Number and location (GPS) of villages reporting cases

The success of these activities will depend on similar reviews being conducted at each administrative level and reporting on a fixed date to a higher level. National Programmes should submit this report to WHO by the 30th day of the following month.

7. All specimens from suspected GWD cases occurring in countries in the pre-certification or post-certification phase should be sent to the WHO Collaborating Center at CDC for laboratory confirmation following the preservation, labeling, and shipping guidelines. In addition, specimens from suspected GWD cases occurring in areas of interrupted or soon-to-be interrupted transmission within endemic countries should be sent to the WHOCC at the discretion of the Program.
8. The Guinea Worm Eradication Programs (GWEPs) where appropriate, should utilize the potential of the national Polio Program to assist with rumor detection and reporting while retaining the responsibility for rumor investigation. The GWEPs should engage their national Polio Program to identify and negotiate specific collaborative actions that could strengthen GWD surveillance of example, case searches dur

15. WHO should evaluate the use of mobile phone technology for reporting on rumours and cases from the field to the concerned Program authorities and the Ministry of Health should negotiate with the cellular phone companies for a) transmission of such data from the field and b) to disseminate text and/or visual messages as public service announcements via the cellular phones regarding the reward for reporting leading to confirmation of cases of GWD.

Recommendations from the 16th Annual GWEP Managers Meeting, held in Atlanta, GA during 1–2 March, 2012 for the four countries still reporting cases.

Chad

- 1) The Minister of Health should make a request to the US Centers for Disease Control and Prevention for epidemiological assistance to conduct a case investigation follow-up of all cases detected during 2010-2012 aiming at identifying risk factors for the infection and assessing their relevance to possible modalities and locations of transmission of GWD in Chad. It is urgent to conduct this study before the onset of the next rainy season.
- 2) To better promote self-reporting among patients with GWD, the Chad GWEP should consider modifying its current reward modality (50,000 CFA) to any one providing information that leads to confirmation of a case of GWD to the following:
 - a) the full reward is given to the patient with GWD if he/she self reports;
 - b)

- 2) The water sector needs to act rapidly to provide safe water in the targeted EVs, including using alternative technologies (point of use water treatment, rain catchment, etc.) before the end of April, 2012.
- 3) Water sector agencies should accelerate the distribution of tools and spare parts to GW endemic locations prior to the peak transmission season.

Mali

MEETINGS

During this year's Fifty-Sixth World Health Assembly in Geneva, the Informal Meeting with Ministers of Health of Guinea-worm affected countries will be held on Wednesday 23 May 2012, from 18:00 to 20:00 in Room XIX at the Palais des Nations.

RECENT PUBLICATIONS

Allen T, and Parker M. 2012. Will increased funding for neglected tropical really make poverty history? Lancet (Correspondence) 379, 1097-1100

Frieden, T, DeCock, KM. 2012. The CDC Center for Global Health. Lancet 379 (9820), 986 - 988.

Hamptom, T. 2012. Collaborative Efforts Targets 17 Tropical Diseases for Control, Elimination. JAMA, February 22/29, 307(8), 772.

Hesse, AJH, Nouri A, Hassan HS, and Hashmi A. 2012. Parasitic infections requiring surgical interventions. Seminars in Pediatric Surgery, 142-150.

Richards FO, Ruiz-Tiben E, Hopkins DR. 2011. Dracunculiasis eradication: the legacy of the smallpox campaign: What's new and innovative? What's old and principled? Vaccine 295:D86-D90. www.elsevier.com/locate/vaccine

World Health Organization. 2012. Monthly report on dracunculiasis cases, January-December 2011. Wkly Epidemiol Rec 87:71-72.

Figure 5

Inclusion of information in the Guinea Worm Wrap-Up
does not constitute "publication" of that information.
In memory of BOB KAISER

WHO Collaborating Center for Research, Training, and Eradication of Dracunculiasis, Center for Global Health, Centers for Disease Control and Prevention, Mail Stop C-09, 1600 Clifton Road NE, Atlanta, GA 30333, USA, email: gwrapup@cdc.gov, fax: 404-875-8240. The GW Wrap-Up web location is <http://www.cdc.gov/parasites/guineaworm/publications.html#gwwp>

Back issues are also available on the Carter Center web site. English and French are located at http://www.cartercenter.org/news/publications/health/guinea_worm_wrapup_english.html
http://www.cartercenter.org/news/publications/health/guinea_worm_wrapup_francais.html